1	This form is provided in lieu of a formal transmittal and should be used completed as appropriate.	•		Department of Commerce Patent and Trademark Office gh 4 must be
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	City, State and ZIP Code		2A. The COMMISSIONER OF PATENTS AND TRADE- MARKS is requested to apply the Issue Fee to the application identified below.	
	CO-INVENTOR'S NAME Street Address		James E. Nilles (Signature of party in interest of record) (Date)	
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-1 Lebruary 6	JAMES E. NILLES First Wisconsin Center 777 East Wisconsin Avenue, Suite 3070 Milwaukee, Wisconsin 53202 or		or printing on the patent front age, list the names of not more nan 3 registered patent attoreys or agents OR, alternatively, ne name of a firm having as a nember a registered attorney ragent. If no name is listed, o name will printed. James E. Nilles Donald C. McGaughey 2	
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